Joint Commission on Public Health  
Data Assessment Advisors Committee  
January 12th, 2018  
10:30-11:30  
Conference Call

Attendees:  
Becki Moore (Office of Management and Enterprise Services)  
Matt Singleton (Office of Management and Enterprise Services)  
David Kendrick (University of Oklahoma, MyHealth Access Network)  
Kelly VanBuskirk (Tulsa Health Department)  
Derek Pate (Oklahoma State Department of Health)  
Megan Holderness (Oklahoma City County Health Department) via conference call

Handouts:  
Agenda, Public Health Data Sharing Deliverables, Minutes from 01/05/18 meeting

----- Agenda Topics -----  

1. Welcome & Introductions  
   - Dr. Kendrick started the call by verifying everyone was present since the call in number to the conference had been changed.  
   - This is the second meeting of this committee. The agenda was sent out to the group this morning.

2. Review and Approval of the Minutes of 01/05/18 Meeting  
   - Dr. Kendrick received the minutes and e-mailed them out to the group while on the conference call to review and request changes. The following changes were requested:  
     * Dr. Kendrick wanted the phrase referring to the building of the architecture removed from the “Assets List”, 1st bullet. He is not the one building the architecture.  
     * Under “Introductions” on the third bullet, the acronym needs to be changed to “OMES”. Also, Ms. Moore works for the Office of Management and Enterprise Services, not OSDH.  
     * Under “Asset List”, under State assets it should be BRFSS, not BRF and Public Health Lab should be Public Health Registry. Also, on the last bullet, it should state the Technology Advisory Council instead of Technical Advisory Council.  
     * Under “Statewide EHR”, it was suggested we change this to Public Health EHR.  
   - Last time, it was asked if tribal representation was needed in this group. It was suggested that instead we present our recommendations to the Joint Commission and they can decide if they wish to contact them and share this information. It is not necessary for this group.  
   - The minutes 01/05/18 were approved with the above corrections being made.

3. Discussion of Short and Long Term Tasks  
   - Dr. Kendrick distributed the handout “Public Health Data Sharing Deliverables” for the group to discuss. He would like the group to work through this list since we were unable to at the last meeting. This document came out of a meeting held on December 19th where there was an expressed desire to improve
data sharing. There are 3 short term goals that are set to be completed in the next 90 days and 3 long term goals to be completed in the next 24 months. We may need to revisit the timelines of these goals since the commission is wanting deliverables by March 1st. Some of the goals may require a project manager or even a project manager per goal. The complexity of the project will dictate the necessity.

**Short Term:**

1. **Establish regular correspondence with city-county health departments to review objectives, timelines, and status of deliverables.**
   - This first short term goal can be achieved very quickly. It can be completed in a two week period.
2. **TCCHD data request to support the George Kaiser Family Foundation (GKFF) child health initiative project in Tulsa.**
   - Regarding this second short term goal, THD is currently working with legal counsel to dot the I’s and cross the T’s regarding the release of data. Mr. Pate can get with his legal team on this as well. It might be a good idea to include Joe Walker.
   - Ms. Moore and Ms. VanBuskirk are currently working on identifying the different data sources. Dr. Kendrick would also like MyHealth included in these conversations.
   - Regarding identifying time period and data elements and the frequency of data release, these can be discussed in the same conversation as identifying the data sources.
   - Unfortunately, the data exchange is dependent on the execution of all the other items ahead of it.
3. **OCCHD & TCCHD data requests from PHOCIS, OSIIS and PHIDDO.**
   - OMES has reached out to the developers regarding API. They still are not sure if this is the best step to take. They plan on reaching out to others.
   - There has been some confusion as to what the requests are. Since this project has started, there has been turnover. Ms. Holderness and Ms. Moore are working on this and re-evaluating what needs to be done. This may need a project manager. Ms. Holderness has a document showing what works and where the gaps are.
   - They haven’t tested OSIIS yet but a guide has been finalized. They will test from data quality perspective once it is in production. Ms. Moore will have Ms. Holderness on the list to test it.
   - The end goal is to have one single point of data entry. It is difficult trying to integrate 3 main interfaces (PHOCIS, OSIIS and PHIDDO) into one EHR.
   - The data needs that THD has is different than the needs that OCCHD has. It would be ideal if both had the same data needs. There will have to be a conversation in the future to try to achieve this and hopefully use the same systems.
   - Vital statistics information is needed for OCCHD/THD and
it needs to be more frequent. There needs to be more data analytics that is outside the API.

**Long Term:**

1. **Integration of public health data.**
   - In order to be able to accomplish this, the group would need to determine what the system would look like and discuss the scope. What would the core be? It is expensive to build and manage all the feeds. MyHealth is attempting to help in areas such as immunizations.
   - Currently, county level syndromic surveillance is not happening except in Tulsa (utilizing TASSS) and Oklahoma City (utilizing Essence). Syndromic surveillance came about back in 2001-2002 when the State was required to have a system. Tulsa built their own. Essence in Oklahoma City utilizes the chief complaints in 5 area hospitals. There is other surveillance data available besides syndromic such as integrated data that can be used. From Dr. Kendrick's perspective, the natural flow of data should be aggregated.

2. **Analytics platform of integration of public health data with social services and community level data.**
   - An analytics platform has not yet been purchased. Tableau is currently being used and it is being determined if there is a need to purchase another one. OMES is currently looking into this.
   - At some point, it would need to be discussed how this would be governed. Dr. Kendrick suggested that an Analytics Committee process requests.

3. **Obtaining federal funds to support statewide interoperability of healthcare data.**
   - They have selected a vendor for consultant for the federal funds and will be getting a contract into place. It may take about 30 days or less to get this into place. There would need to be a component for each one for sustainability. We need to document on guiding principles as well privacy guidelines.

4. **Review of Public Health Core Services and Status**
   - Dr. Kendrick asked if there were any core services on hold or not being met. There is still issue with OSIIS receiving messages but it is still providing services. There are currently none on hold or not being met. Once there is more efficiency in systems, data will improve response times.

5. **Review of Ongoing and Planned IT Projects**
   - Discussed in short/long term goals.

6. **Status of Health IT and HIE Funding Efforts (APD)**
   - Discussed in short/long term goals.
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<th>7. Planned Initial Report Out to Joint Commission</th>
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<td>- Dr. Kendrick is gathering information including timelines to be able to provide back to the Joint Commission. He will inform them that short term goals 1 and 2 can be completed by March 1st and utilize this as a proving ground and what can be done.</td>
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<td>- It was suggested that since there is a working contract and they are working on data analytics that we provide feedback on that as well. However, we need to keep it as long term goal since funds are not available to complete it.</td>
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<td>- Ms. Holderness has figured out the dollar savings to several clinics. She will send to Ms. VanBuskirk so she can figure out the savings to Tulsa as well. This can also be included in the report back to Joint Commission.</td>
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<th>8. Next meeting</th>
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<td>- Conference calls will be scheduled in the gap weeks between Joint Commission meetings. Dr. Kendrick will circulate the information to the group.</td>
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